

## NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS) (Please read the instructions before completing) [AN 0.4 2000]

(Please read the instructions before completing.)

| PERSONAL INFORMATION:   |  |   |  |   |                                |                    | OMMISSION          |
|---|--|---|--|---|--------------------------------|--------------------|--------------------|
| NAME: Jeffery L Knudtson  |  |   | LENGTH OF RESIDENCE IN NEVADA: 24yrs   |   |                                |                    |                    |
| ADDRESS: 620 Opal Dr PO Box 3549  |  |   | 1  |   |                                |                    |                    |
| CITY, STATE, ZIP: West Wendover NV 89883  |  |   | LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE (NRS 281A.620(1)(a)): |   |                                |                    |                    |
| TELEPHONE: H775-664-3068 W775-664-2274 C801-598-2734  |  |   | E-MAIL: jknudtson@westwendovercity.com   |   |                                |                    |                    |
| SECTION A (Public Office): List all public offices for and check each box accordingly i.e. annual, candida   • ANNUAL all elected and appointed public officers (no CANDIDATE (no later than the 10th day after the last in appointment to fill unexpired term of an elected of the control of the | ate or ap<br>no later that<br>t day to que<br>or appoint<br>Elected or | ppointment fil<br>an Jan. 15 each<br>ualify as a cand<br>ed public office | ing:<br>year<br>idate  | r)<br>:)                                | ANNUAL<br>NRS                  | CANDIDATE<br>NRS   | APPOINTMENT<br>NRS |
| Public Office   | Appointed<br>(E or A)  | Compensation  |  | Date Appointed                          | 281A.600.1(b)<br>281A.610.1(b) | 281A.610.1(a)      | 281A.600.1(a)      |
| City Fire Chief   | Α  | \$ 88,677   | 7.36   | 07/01/03                                |                                |                    | 닐                  |
|   | Α  | \$  |  |   |                                |                    | Ц                  |
|   | Α  | \$  |  |   |                                |                    | L                  |
| SECTION B (Sources of Income): List each source member of your household who is 18 years of age of City of West Wendover  | -  | •   | _  | •                                       | listed in Sec                  | setton A), or that | Household          |
| SECTION C (Real Property): List specific location at which you or a member of your household has a leg more; and (3) located in this state or an adjacent sta   | al or be   | neficial intere   | st; (  |   | •                              | f which is \$2.    | , , ,              |
| N/A   | N. M. P. C.                        |   | T  |   |                                |                    |                    |
|   |  |   | $\top$   |   |                                |                    |                    |
|   |  |   | +  |   |                                |                    |                    |
|   |  |   | +  | *************************************** |                                |                    |                    |
|   |  |   | +  | *************************************** |                                |                    |                    |

|   | whom you or a member of your household owes \$5,000 or<br>n real property which is not required to be listed in Section C  |                                       |                     |
|---|--|---------------------------------------|---------------------|
|   | vehicle for personal use was retained by seller] [NRS 281A.620   |                                       | - (-)               |
|   |  | Self                                  | Household<br>Member |
| N/A   |  | V                                     | Member              |
|   |  |                                       |                     |
|   |  |                                       |                     |
|   |  | ᆜ                                     |                     |
|   |  |                                       |                     |
| SECTION E (Gifts): List the identity of donor                 | and value of each gift of all gifts received in excess of an ag  | ogregate va                           | due of              |
|   | ble year [EXCEPT: (1) a gift received from a person who is   |                                       |                     |
|   | and (2) ceremonial gifts received for a birthday, wedding, an  |                                       |                     |
|   | es not have a substantial interest in your legislative, adminis  |                                       |                     |
| action] [NRS 281A.620.1(e)]:                                  |  |                                       |                     |
| <u>Donor</u>  | <u>Gift</u>  | Value o                               | of Gift             |
| None N/A  |  | \$                                    |                     |
|   |  | \$                                    |                     |
|   |  | \$                                    |                     |
|   |  | \$                                    |                     |
|   |  | \$                                    |                     |
| you or a member of your household is involved                 | ousiness, trust joint venture, syndicate, corporation or associated as a trustee, beneficiary of a trust, director, officer, owners of stock or security representing 1% or more of the total or 2814 620 1001 | r in whole o                          | r in part,          |
| occurred bodov by the basiness criticy (miles                 | 2017.020.1(1).   | Self                                  | Household           |
|   |  | Sen                                   | Member              |
| None N/A  |  |                                       |                     |
|   |  |                                       |                     |
|   |  |                                       |                     |
|   |  |                                       | Ħ                   |
|   |  |                                       | L                   |
| THE INFORMATION I HAVE PROVIDED HE                            | REIN IS ACCURATE AND COMPLETE.   | /                                     |                     |
|   |  | e e e e e e e e e e e e e e e e e e e |                     |
| 1/9/00  | Will House Mari  |                                       |                     |
| Date:/ \( \alpha \) / \( \alpha \)                            | Signature:   |                                       |                     |
| / /   |  |                                       |                     |
| FILE COMPLETED FORM WITH:                                     |  |                                       |                     |
| Appointed Public Officers                                     | Elected Public Officers and Candidates for Public Office   |                                       |                     |
| Nevada Commission on Ethics                                   | Nevada Secretary of State, Elections Division  |                                       |                     |
| 3476 Executive Pointe Way, Suite 10 Carson City, Nevada 89706 | 101 North Carson Street, Suite 3<br>Carson City, Nevada 89701  |                                       |                     |
| 775.687.5469 • 775.687.1279 fax                               | 775.684.5705 • 775.684.5718 fax  |                                       |                     |